



**UNITED STATES PATENT AND TRADEMARK OFFICE**

Examiner:

Art Unit:

In re:

Applicant: John K. JUNKERS

Serial No.:

10/758,319

For:

WASHER, FASTENER  
PROVIDED WITH A WASHER,  
METHOD OF AND POWER  
TOOL FOR FASTENING  
OBJECTS

**PRELIMINARY AMENDMENT**

Commissioner for Patents  
P. O. Box 1450  
Alexandria, Virginia 22313-1450

Sir:

Preliminary to the issuance of an Office Action in the above  
identified application, please amend the same as follows:

I hereby certify that this correspondence is being  
deposited with the United States Postal Service  
as first class mail in an envelope addressed to:  
Commissioner for Patents, P.O. Box 1450,  
Alexandria, VA 22313-1450.  
On 5/3/04  
[Signature]

RECEIVED  
MAY 10 2004  
UNITED STATES PATENT AND TRADEMARK OFFICE

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10/758319

## CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

TOTAL CLAIMS	155		
FOR	NUMBER FILED	NUMBER EXTRA	
TOTAL CHARGEABLE CLAIMS	155 minus 20 =	135	
INDEPENDENT CLAIMS	5 minus 3 =	2	
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>			

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A	5-16-04	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* 165	Minus	** 155	= 10
	Ind pendent	* 5	Minus	*** 5	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

1, 32, 63, 94, 144

(Column 1)

(Column 2)

(Column 3)

AMENDMENT B	1-19-05	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* 165	Minus	** 165	=
	Independent	* 5	Minus	*** 5	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

(Column 1)

(Column 2)

(Column 3)

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
	Ind pendent	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	385.00	OR	BASIC FEE	770.00
X\$ 9=	1,215	OR	X\$18=	
X43=	86	OR	X86=	
+145=		OR	+290=	
TOTAL	1,686	OR	TOTAL	

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
X\$ 9=	90	OR	X\$18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
X\$ 9=		OR	X\$18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
X\$ 9=		OR	X\$18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.